## MARSH CERTIFICATE OF INSURANCE **CERTIFICATE NUMBER** ATL-001156345-01 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS MARSH USA, INC. NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE 3475 PIEDMONT ROAD, SUITE 1200 POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE TELEPHONE: 404.995.2714 AFFORDED BY THE POLICIES DESCRIBED HEREIN. Atlanta30305 **COMPANIES AFFORDING COVERAGE** COMPANY 400181--CAS-DISCOVER PROPERTY & CASUALTY INS. CO. Α INSURED COMPANY Crawford & Company В FIDELITY & GUARANTY INS. CO. and Subsidiaries 5620 Glenridge Drive, N.E. P. O. Box 5047 COMPANY FIDELITY & GUARANTY INS. UNDERWRITERS, INC. C Atlanta, GA 30302 COMPANY D N/A **COVERAGES** This certificate supersedes and replaces any previously issued certificate for the policy period noted below. THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. co POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS LTR DATE (MM/DD/YY) GENERAL LIABILITY D004L00085 05/01/06 05/01/07 \$ 2.000,000 GENERAL AGGREGATE COMMERCIAL GENERAL LIABILITY Х 1.000,000 \$ PRODUCTS - COMP/OP AGG CLAIMS MADE X OCCUR 1.000.000 \$ PERSONAL & ADV INJURY 1,000,000 OWNER'S & CONTRACTOR'S PROT \$ EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) 5.000 MED EXP (Any one person) AUTOMOBILE LIABILITY D004A00261 (AOS) 05/01/06 05/01/07 3,000,000 \$ COMBINED SINGLE LIMIT Х D004A00263 (TX) ANY AUTO 05/01/06 05/01/07 Α D004A00262 (MA) 05/01/06 05/01/07 ALL OWNED AUTOS BODILY INJURY \$ (Per person) SCHEDULED AUTOS Х HIRED AUTOS **BODILY INJURY** \$ Х (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE \$ GARAGE LIABILITY AUTO ONLY - EA ACCIDENT \$ ANY AUTO OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ EXCESS LIABILITY \$ **EACH OCCURRENCE** UMBRELLA FORM \$ AGGREGATE OTHER THAN UMBRELLA FORM \$ WORKERS COMPENSATION AND В D004W000246 (AOS) 05/01/06 05/01/07 X TORY LIMITS FR **EMPLOYERS' LIABILITY** ¢ D004W00247 (HI) 05/01/06 05/01/07 EL EACH ACCIDENT 1,000,000 THE PROPRIETOR/ В D004W00249 (RETRO) 05/01/06 05/01/07 EL DISEASE-POLICY LIMIT \$ 1.000.000 INCL PARTNERS/EXECUTIVE OFFICERS ARE: D004W00249 (NV & NJ) 05/01/07 Α 05/01/06 EL DISEASE-EACH EMPLOYEE \$ 1,000,000 OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The State of Arizona, its departments, agencies, boards, commissions, universities and Its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor." Contract Number SCC060004. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL \_\_\_\_30 DAYS WRITTEN NOTICE TO THE AHCCS CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR CONTRACTS AND PURCHASING ATTN: AMEY SCHULTZ LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE 701 E. JEFFERSON ST. MD5700 ISSUER OF THIS CERTIFICATE PHOENIX, AZ 85034 MARSH USA INC. BY: .

MM1(3/02)

VALID AS OF: 06/06/06

MARSH C  PRODUCER  MARSH USA, INC. Attn: C. Kay Johnson 3475 Piedmont Road NE Suite 1200 Atlanta, GA 30305				ATL-001156423-0* THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.			
				COMPANIES AFFORDING COVERAGE			
0018	ph: 404/995-2652; fax: 404 31-F-FIN-	/995-2653	COMPANY A L				
NSUF	RED		COMPANY				
	Crawford & Company Including Subsidiaries		В				
5620 Glenridge Drive, NE P.O. Box 5047			COMPANY				
	Atlanta, GA 30302		C				
			D	COMPANY D			
T N P	ERAGES HIS IS TO CERTIFY THAT POLICIES C IOTWITHSTANDING ANY REQUIREMENT ERTAIN, THE INSURANCE AFFORDED B IMITS SHOWN MAY HAVE BEEN REDUCE	TERM OR CONDITION OF ANY CONTRA Y THE POLICIES DESCRIBED HEREIN IS	CT OR OTHER DOCUMENT	WITH RESPECT TO W	HICH THE CERTIFICATE MAY B	E ISSUED OR MAY	
O TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
7	GENERAL LIABILITY				GENERAL AGGREGATE	\$	
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$	
	CLAIMS MADE OCCUR			-	PERSONAL & ADV INJURY	\$	
-	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	
-					FIRE DAMAGE (Any one fire)	\$	
+	AUTOMOBILE LIABILITY				MED EXP (Any one person)	\$	
F	ANY AUTO				COMBINED SINGLE LIMIT	\$	
-	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS				BODILY INJURY (Per accident)	\$	
-	NON-OWNED AUTOS				PROPERTY DAMAGE	\$	
+	SARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY:	4	
Г					EACH ACCIDENT	\$	
					AGGREGATE	\$	
L	EXCESS LIABILITY				EACH OCCURRENCE	\$	
_	UMBRELLA FORM				AGGREGATE	\$	
1	OTHER THAN UMBRELLA FORM VORKERS COMPENSATION AND				L MC STATUL L CTU	\$	
	MPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER	<b>.</b>	
	HE PROPRIETOR/			-	EL EACH ACCIDENT	\$	
F	PARTNERS/EXECUTIVE				EL DISEASE-POLICY LIMIT	\$	
	THER EXCL				EL DISEASE-EACH EMPLOYEE	Ψ	
-	S FIRM E&O	QF041805	06/30/05	06/30/06	\$5,000,000		
F	IDELITY BOND	QF041805	06/30/05	06/30/06	\$5,000,000		
	IFICATE HOLDER  AHCCS CONTRACTS AND PURCHAE ATTN: AMEY SCHULTZ		THE INSURER AFFO	E POLICIES DESCRIBED HI PRDING COVERAGE WILL R NAMED HEREIN, BUT FA	EREIN BE CANCELLED BEFORE THE ENDEAVOR TO MAIL	/S WRITTEN NOTICE TO LIMPOSE NO OBLIGATIO	
	701 E. JEFFERSON ST. MD5 PHOENIX, AZ 85034	700	ISSUER OF THIS CER				
			BY: Frank Kinr	nett	nank Einest		
			F	`~ <b>.</b>	c Clause and and an analysis are an extended		

6/9/06

DO'NOT SEND TO IRS Vendor MUST Print or Type information

Vendor Number

GAO-W-9 Revised 4/18/05

## STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Legal Name	Crawford & Company			
Must match TIN above  Entity Type Sele	Control of the contro	Minority Business Indicator Selections of the following		
- , , ,	providing health care, medical or legal services) (5A)	Small Business (01)		
	ding health care, medical or legal services) (5M)	Small Business- African American (23)		
Partnership, LLP		Small Business- Asian (24)		
PLLC, LLC (5C)		Small Business - Hispanic (25)		
Individual/Sole Pro	printer (CI)	Small Business- Native American (27)		
	political subdivisions or instrumentalities (2G)	Small Business - Other Minority (05) Small, Woman Owned Business (06)		
	n of the US, or any of their political subdivisions or instrumentalities (4G)	Small, Woman Owned Business - African American (29)		
7	cation under IRC §501 (50)	Small, Woman Owned Business- Asian (30)		
	contradien or any of its agencies or instrumentalities (5U)	Small, Wornan Owned Business- Hispanic (31)		
ि State of Arizor से उने।	· · · · · · · · · · · · · · · · · · ·	Small, Woman Owned Business- Native American . (33)		
Other, Tax reportab		Small, Woman Owned Business- Other Minority (11)		
		Woman Owned Business (03)		
Main Address	Where tax information and general correspondence is to be mailed	Woman Owned Business- African American (17)		
		- Woman Owned Business- Asian (18)		
BA\Branch\Locatio	Crawford & Company	Woman Owned Business-Hispanic (19)		
** ** ** ** ** ** ** ** ** ** ** ** **		Woman Owned Business - Native American (21)		
.ddress · · · · ·	7878 N. 16th St	Woman Owned Business- Other Minority. (08)  Minority Owned Business- African American (04)		
	Contracting the process of the contracting the	Minority Owned Business- African African (32)		
duress continued	Cuita 220	Minority Owned Business-Hispanic (74)		
	Suite 230	Minority Owned Business- Native American (15)		
	State Zip code	Minority Owned Business-Other Minority (02)		
Phoeni	$\mathbf{x}$ State AZ Zip code 85020	Non-Profit, IRC §501(c) (88)		
		Non-Small, Non-Minority or Non-Woman Cwned Busin (		
♠ Remit to Advive	ss Same as Main	Contact Information		
BA\Branch\Locatio	Crawford & Company	Name Curt Moss		
	Clawfold & Company			
ddress	PO Box 404579	Phone # 404-497-6090 EXT		
	TO DOX 1013/	404-497-0090		
ddress continued		Fax 1/5/ 1/00 / 100		
adress continued		Fax 404-497-6078		
des are a se				
Atlanta	State GA Zip code 30384 –	email curt_moss@us.crawco.com		
	4579			
	certify that:			
	is form in my correct taypayer identification number (or I am waiting for a number to be issued to	to me) AND		
© Certification Inder Pervilles of perjury, The number shown on th	p withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified ort all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup	withholding AND		
Inder Palvalties of perjury, in the number shown on the	ing II S resident alien)	and the control of th		
Inder Pewalties of perjury, in he number shown on the lam not subject to backus a result of a failure to republic and lam and	and the state of t	abandonment of secured property, cancellation of clebt, contributions to an		
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